INTRODUCTION

The Division of Developmental Services has implemented a new support planning process for people with developmental disabilities who receive state and federal funding. The Individual Support Agreement is intended to be a tool for individuals and their families, guardians and other important people to help the person and his/her provider(s) be clear about expectations from services and supports. The changes in individual support planning, along with changes in Vermont's home and community-based services waiver and state service definitions, have also impacted on the July 1995 version of the Division's *Medicaid Procedures*.

This updated information is intended as a supplement to the original July 1, 1995 version of the *Medicaid Procedures.* It is not intended to replace the current *Medicaid Procedures*. A complete rewrite of the 1995 Procedures will be done at a later date. Please also refer to the *Individual Support Agreement Guidelines* for further guidance.

WAIVER VERSUS NONWAIVER

Most of the differences in federal and state requirements can best be identified by whether it is a support or service that is provided via the home and community-based services waiver (i.e., Medicaid waiver) or nonwaiver, fee-for-service Medicaid [targeted case management (TCM), clinic services, rehabilitation services, and Medicaid transportation]. Therefore, this updated information will be organized first for waiver services, then for nonwaiver services.

WAIVER SERVICES

The Medicaid waiver provides the majority of funding for community-based services in Vermont. The State's agreement with the federal government requires an individual plan for supports and services for each person who is served using Medicaid waiver funding. The *Individual Support Agreement Guidelines* are the currently required specifications for individual support and service planning in Vermont.

Outlined on the following page is a table describing the major differences between the Individual Program Plan (IPP) and the Individual Support Agreement (ISA):

IPP **FOR WAIVER FUNDED SERVICES**	**ISA** **FOR WAIVER FUNDED SERVICES**
Psychological Evaluation & Developmental Assessment	Psychological Evaluation & Adaptive Behavior Assessment
Comprehensive Social History *Initial and updated annually*	Person's Story *Initial, updated when significant events happen, reviewed at least annually*
Other Assessments *As needed*	Other Assessments *As needed*
Term *Maximum of one (1) year*	Term *Maximum of one (1) year*
Approvals: *Individual; Guardian; QMRP (annual & 6 month review); Physician*	Approvals: *Individual; Guardian; QDDP or designee for each CP*
Participation: *Individual; Guardian; QMRP; Physician*	Input/participation: *Individual; guardian; QDDP or designee for each CP; anyone else consumer wants to have input—no signature required*
Narrative Summary *Annually*	Brief Summary of Information from Personal Planning Process *Once per ISA term*
Long Term Directions *Annually*	Goals & Dreams in Brief Summary *Once per ISA term*
Goals *Annually*	Goals *None*
Objectives *Annually*	Outcomes/Expectations *Once per ISA term*
Programs *Annually*	Support Strategies *Once per ISA term*
Rationale *Annually*	Rationale *None*
Other Support services *Annually*	Other Support Services *Once per ISA term*
Data *At least monthly*	Tracking Indicators *Individually tailor/do what makes sense*
Objective Summaries *Monthly*	Review of Expected Outcomes *Individually tailor/do what makes sense*
IPP Review *Six month review*	ISA Review *At minimum once per year prior to start of new ISA*
Modifications *As needed*	ISA Modifier *As needed*
Approvals of Modification *Individual, guardian, QMRP, physician*	Approvals of Modifier *Individual, guardian, QDDP or designee for each CP impacted by the change*

NONWAIVER SERVICES

Individual Support Agreements for targeted case management (TCM), clinic, rehabilitation and Medicaid transportation services must include all required components described in the ISA Guidelines (September 1998) and as further clarified in the previous table in the waiver services section. In addition to those requirements, there are several items that are required specific to the particular service:

Targeted Case Management

1. *Funded Areas of Support* – specifically state which of the approved targeted case management services are being provided (i.e., monitoring, service coordination and/or advocacy).
2. *Tracking* – document a description of each allowable service.
3. *Physician's Signature* – not required.

Clinic and Rehabilitation Services (Individual Psychotherapy, Group Therapy, Chemotherapy, Emergency Services, Day Rehabilitation, Nursing Facility Day Rehabilitation, and Transportation Services)

1. *Approvals* – physician's prescription (signature) required once per ISA term, at least annually, unless services change (see ISA Modifier)
2. *Funded Areas of Support* – specifically state which services are being provided (e.g., individual psychotherapy, nursing facility day rehabilitation, etc.)
3. *Tracking* –
    - for individual psychotherapy, group therapy, chemotherapy, and emergency services, a description of each allowable service must be documented.
    - For day rehabilitation and nursing facility day rehabilitation services, the date, location, amount of time, and staff signature must be documented (time sheet is acceptable). Actual tracking of service outcome is individually tailored as required in the ISA.
4. *ISA Modifier* – physician's prescription (signature) is required on changes requiring an ISA modifier.
5. *Individual Psychotherapy and Group Therapy* – therapy goals must be identified and signed by the therapist (and supervisor, if required); may be documented in a separate treatment plan.
6. *Nursing Facility Day Rehabilitation* – only initial prior authorization of services must be documented; the annual requirement for continued prior authorization is eliminated.

Requirements Eliminated

1. *Physician Prescription* – eliminated for targeted case management; reduced from quarterly to annually for all other nonwaiver Medicaid services.

2. *Prior Authorization* – eliminated for regular day rehabilitation; only required for initial authorization of nursing facility day rehabilitation, annual requirement eliminated; prior authorization of psychotherapist eliminated.
3. *Monthly Summaries* – eliminated from day rehabilitation and nursing facility day rehabilitation; documentation must now be individually tailored as described in the *ISA Guidelines.*

ICF/MR Requirements

Changes in documentation requirements specific to ICF/MR services are continuing to be clarified.